

Kentucky Board of Nursing Compliance Section, Consumer Protection Branch

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312 Whittington Parkway, Suite 300

Louisville, Kentucky 40222-5172

Prescription Medication Report

The Compliance Section, Consumer Protection Branch, of the Kentucky Board of Nursing, is monitoring this individual. As a condition of monitoring, this participant must make all treating practitioners aware that he/she is in treatment for chemical dependency. The treating practitioner is requested to abstain from prescribing all narcotics, scheduled medications and any mood altering medications. Exceptions to these guidelines may be based on the participant's medical condition and if no other alternatives are available.

As the treating practitioner, the Compliance Section, Consumer Protection Branch, requests that you please take a few moments to complete this form for any and all medications prescribed for this participant. The completed form is to be mailed directly to the Compliance Section, Consumer Protection Branch. Thank you for your attention to this matter.

Name of Participant:					Date:
<u>Medication</u>	<u>Dose</u>	Quantity	<u>Refills</u>	Start <u>Date</u>	Reason for Medication
					;
Practitioner Name (Please Print)			Practitioner Signature		
Address:			Phone Number:		
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KARE for Nurses Program
Probation